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REPORT ON THE ENVIRONMENTAL
HEALTH OF THE DISTRICT.

1968

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URBAN DISTRICT OF RAUNDS

Members of the Public Health Committee:

COUNCILLORS: E. Chambers, J. Finding, R. W. Holmes, J. A. Leddington, Mrs. A. Loasby, D. Parkingson, R. E. Warwick and P. J. Wright.

Public Health Officers of the Local Authority:

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H.

also holds appointments of

Medical Officer of Health, Brackley and Daventry Borough Councils, Brackley, Daventry, Brixworth, Northampton and Towcester Rural District Councils, Acting Medical Officer of Health Oundle, and Rushden Urban Districts, Oundle and Thrapston Rural and Higham Ferrers Borough and Senior Assistant Medical Officer, Northamptonshire County Council.

Chief Public Health Inspector:

G. E. J. Potter, A.F.S., Mun.B.I., M.R.S.H., M.A.P.H.I.

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Mr. Chairman, and Members of the Raunds Urban District Council

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector. This report serves two functions, the first to give an account with statistics of the environmental health of the district; the second to make some observations on those trends in the general pattern of living which show evidence of becoming a hazard to health either now or in the future.

The vital statistics for the year show that there were 70 deaths. This gives a rate of 13.5 compared with 14.8 last year, and with the national figure of 11.9. The total number of births was 131 (of which one was illegitimate) compared with 106 last year, and showing therefore an increase of 25. There were no infant deaths.

The incidence of infectious disease was, apart from measles, low. There were cases of measles. During the year vaccination was introduced, and it is to be hoped that the incidence of this hitherto universal disease, often severe and causing both distress and complications, may now decline. It continues to be necessary, however, to maintain a watchful eye in relation to infectious diseases generally. Should standards fall infection could recur. This is particularly important in relation to a high public response to immunisation which in many areas is too low. Parents are reminded that it is vitally important to have their children immunised to diphtheria, poliomyelitis, tetanus, whooping cough, smallpox and now measles, not forgetting the necessary booster immunisations. Tuberculosis vaccination follows later - in the early teens. Infections which are food borne are also far too prevalent, and a high standard in the sale, preparation and storage of food must be maintained. Clean milk, pure water and efficient meat inspection is also essential. These standards are sustained by constant inspection, exhortation and sampling by the local authority but the public themselves must co-operate both in refusing to accept unsatisfactory practices in

shops and cafes and by keeping strict methods in their homes and in their own personal hygiene.

While the environmental situation in relation to health improves annually new problems arise. A rising population together with an affluent, highly mobile society are producing new environmental problems, the solution of which will cause many further challenges. The quantity of refuse increases annually together with the problem of its future disposal. Additional housing and the modernisation of older properties giving everyone a piped water supply and suitable sewage disposal has added to water consumption and emphasised the continual need for modern methods of sewage control. Increasing ownership of motor cars, and transportation by road of goods requires adequate motorways and presents the tragic problem of death and mutilation from road accidents. The pollution of rivers and water courses by insecticides and other chemicals, the mass production of food using factory farming methods and chemical additives, the universal use of detergents, atmospheric pollution, the increase of noise in cities, all present new problems which could be as hazardous to health as the infectious diseases of the past.

In relation to personal health, while children and young adults have never been healthier, and people are living longer there remain many problems, both of preventable disease, and in the relief of suffering. The causes of some fatal and other crippling diseases are as yet unsolved. There remains the enigma of cancer, and that of the rheumatic diseases with its allied afflictions of bones, joints and muscles. However, many afflictions are preventable, and these depend now less on the control of the environment than on the life the individual chooses to lead. It is our duty to observe the trends and then to inform. This information should be clearly stated, repeated constantly and the advice should give cogent reasons for its acceptance. It is disturbing to note that at the present time the tendency is for warnings to be ignored. The future health of the community will depend increasingly on the response to these facts.

In no other field is the message clearer than in the individual choice of whether to smoke or not. It is probable that 50,000 deaths a year in Great Britain are caused from cigarette smoking not only from cancer of the lung, the annual total of which is steadily rising, but from coronary thrombosis, chronic bronchitis and pneumonia, should such a toll of death and suffering be caused by any other preventable illness, a massive machinery would be demanded to prevent it. There has been recently a national campaign, with much pressure on the government to institute cervical cytology testing, yet cervical cancer is causing less than 3,000 deaths a year. The facts relating to smoking and lung cancer are now well known, yet the message is ignored, and it is probable that the only section of the community who are

smoking less are the medical profession. Cigarette smoking is a habit, becoming in some an addiction where there is no apparent immediacy of danger and when abstinence requires a sustained effort over many years with little apparent benefit. In addition the tobacco industry is world wide involving capital, employment and governments obtain large revenues from taxation. Economic problems could result should the habit cease. Large amounts of capital are used to promote advertising, while the puny efforts of health educators with infinitesimal reserves at their disposal go unheeded. Individuals therefore remain apathetic for lack of clear initiative. The efforts of the medical profession must continue and the need for action assiduously pressed.

In assessing illnesses which can be preventable, while smoking is a habit which can be accepted or refused, the prevention of early arterial disease is more complex. There is evidence however, that cigarette smoking may contribute to the incidence of coronary thrombosis. However, the early onset of arterial disease in males would appear to be increasing in all civilised countries in the world. Men are dying or being crippled in their prime, at the time of their greatest contribution to society, and while commitments to their families are still high. The causes of arterial disease can only be inferred, and like cancer, these may be multiple. Some are known to be hereditary. Of the known facts the salient ones are that the incidence is lower in those who have taken regular physical exercise throughout life, and in those who are not obese. Modern life with its tendancy to lessen physical exertion, with abundance of many highly refined foods increase both these factors. Thus excessive caloric intake without the compensatory effect of exercise combine to cause this early degenerative condition. It is disturbing now to consider that many young people are starting to smoke earlier than their predecessors, cease to take any form of regular exercise on leaving school and often eat excessively. Perhaps the early onset of coronary thrombosis of epidemic proportions may occur in the next or succeeding generations, should not urgent measures be taken to prevent such a catastrophe.

In the field of mental health, in spite of the relief of poverty and its attendant anxieties, there is little evidence of improvement. Indeed, the incidence of crime, the new problem of drug addiction together with disruption of family life by the increased divorce rate, in sexual permissiveness and cruelty to children indicate that our society, while experiencing both more material prosperity and physical comfort, remains immature and lacking in stability. However, I believe that the present generation of young people are the most physically sound of any generation yet produced, are probably the best educated, and indeed the great majority are leading useful and energetic lives. A minority only are seeking those diversions which are harming both themselves and others.

I wish to express my thanks to Mr. Potter the Public Health Inspector for his most helpful co-operation during the year and for his work in the compilation of this report. My thanks are also due to the County Medical Officer of Health for his ready co-operation in the supplying of information.

I have the honour to be

Your obedient servant,

JOAN M. ST. V. DAWKINS,

Acting Medical Officer of Health

October, 1969.

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SUMMARY OF VITAL STATISTICS, 1968

Area (in acres)	6,403
Population 1961 (census)	4,570
" 1968 (mid-year estimate)	5,190
No. of separate dwellings occupied 1961 census	1,650
" " " " " 1968 (31.3.69)	2,079
Rateable Value, 1968 (31.3.69)	£150,668
Products of a penny rate 1968/69	£590

LIVE BIRTHS

	Male	Female	Total
Legitimate	61	63	124
Illegitimate	1	3	4
	62	66	128

Crude rate per 1,000 population - 24.7

Comparability Factor - 1.18 Adjusted rate per 1,000 population 29.15

Illegitimate Live Births (Per cent of total live births) - 3.1

STILLBIRTHS

Legitimate	3	0	3
Illegitimate	0	0	0
	3	0	3

Rate per 1,000 live and stillbirths - 23.0

DEATHS (all causes)	32	38	70

Crude rate per 1,000 population - 13.5

Comparability Factor - 0.77. Adjusted rate per 1,000 population - 10.40

MATERNAL DEATHS

Deaths ascribed to pregnancy childbirth and abortion - NIL

INFANT MORTALITY.   No infant deaths occured during 1968.

NATURAL AND SOCIAL CONDITIONS

AREA. The Urban District of Raunds which includes the parish of Stanwick covers an area of 6,483 acres. and the density of the population is 0.80 persons per acre. There are a number of open spaces and playing fields and the main industry of the town is the manufacture of boots and shoes.

POPULATION. The Registrar General in his report for 1968 gives the population of Raunds as 5,190 which is an increase of 190 on the previous year. There was a natural increase of 58 (i.e. births minus deaths).

BIRTHS. There were 128 live births during the year compared with 106 for 1967 and the crude birth rate was 24.7 per 1,000 population compared with 25.0 for England and Wales.

The following table shows comparisons with the Administrative County and England and Wales over the past five years.

Year	Total Births	Rate per 1,000 population		
		Raunds	County	England and Wales
1964	65	14.0	19.1	18.4
1965	83	17.5	18.8	18.1
1966	87	17.9	18.5	17.7
1967	106	21.0	18.0	17.2
1968	128	24.7	18.8	16.9

ILLEGITIMATE BIRTHS. There were four illegitimate births compared with seven for 1967 giving a rate of 31.00 for 1,000 live births compared with 66.0 for the previous year.

STILLBIRTHS. There were three male stillbirths in the district compared with the last year. This gives a rate of 23 per 1,000 live and stillbirths.

DEATHS.

There were 70 deaths, the most common cause being various forms of cancer and diseases of the heart and circulatory system.

Year	Total Deaths	Rate per 1,000 population		
		Raunds	County	England and Wales
1964	62	13.2	10.6	11.3
1965	51	10.7	10.8	11.5
1966	67	13.8	11.1	11.7
1967	74	14.8	10.1	11.2
1968	70	13.5	10.9	11.9

MATERNAL DEATHS. There were no maternal deaths and none have occurred since before 1935.

INFANT MORTALITY. There were no infant deaths during the year compared with two in 1967.

NEONATAL MORTALITY. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four weeks of life. There were, however, no deaths in this category.

PERINATAL MORTALITY. Stillbirths and Deaths under 1 week. There were no deaths in this category during the year compared with two stillbirths for 1967.

CAUSES OF DEATH 1968

Causes of Death	Male	Female	Total
19. Malignant Neoplasm - stomach	-	1	1
Malignant Neoplasm - lung, bronchus	6	-	6
Malignant Neoplasm - breast	-	1	-
Other Malignant Neoplasms, including neoplasms of lymphatic and haemotopoitic tissue	3	6	9
21. Diabetes Mellitus	2	-	2
23. Anaemias	-	1	1
27. Hypertensive Disease	-	1	1
28. Ischaemic Heart Disease	6	9	15
29 Other forms of heart disease	1	4	5
30. Cerebrovascular Disease	3	5	8
31. Influenza	1	-	1
32. Pneumonia	4	1	5
33. Bronchitis and Emphysema	2	3	5
42. Congenital Anomalies	-	1	1
45. Symptoms and Ill-Defined Conditions	1	1	2
46. Other diseases of the Circulatory system	1	2	3
Other diseases of the Digestive System	-	1	1
Other diseases of the genito-urinary system	1	-	1
48. All other accidents	-	1	1
50. All other external causes	1	-	1
Totals	32	38	70

In a review of the causes of death the primary concern is to assess which could have been prevented. In the main, people are living longer and the majority of deaths are those which occur in the older age groups, and are primarily caused by degenerative disease of the arteries and the cancers, still the inevitable concomitants of the ageing process. However, coronary thrombosis, strokes and cancer of the lung are major causes of deaths in the middle aged male taking an increasing toll from men in their prime and at a time when they are making a major contribution to society. These are unnecessary deaths, and must be a serious cause of concern.

Nationally this year again the number of deaths from cancer of the lung has increased; statistics also show an increase in a lower age group. Males still predominate but females are catching up due to the increase in the number of cigarette smokers. In 1929, 2751 died from cancer of the lung, in 1939, 6,214; in 1963 24,434; in 1965 26,399; in 1966 27,013 in 1967 28,250; and in 1968 28,826, 23,896 males and 4,930 females.

The relationship between heavy cigarette smoking and cancer of the lung has been well established. It can also contribute to other chest conditions such as chronic bronchitis and may be an adverse factor in coronary heart disease. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. The efforts of health education would appear to be having little success. It may be easy to achieve a public response to single and immediate requests such as attendance for immunisation but to succeed in long term influence is another matter. In trying to prevent lung cancer we are asking for a sustained effort over many years so that habits are inculcated which will reduce a risk which has no apparent immediate effect. Our aim must, however, continue to be directed, by all means at our disposal, towards young people in an endeavour to prevent them from initially acquiring the smoking habit. Those whom children admire, and therefore emulate have a responsibility to show by their example that cigarette smoking is a foolish habit. Parents, teachers, youth leaders, sportsmen, actors, pop stars and all those whom the young may follow need to realise how considerable is their own influence and example in this respect.

The emergence of early degenerative disease of the arteries is now becoming significant especially among middle aged males. These men in their prime and at a time of their greatest contribution to society are often killed or crippled by coronary thrombosis or strokes. This disease which now assails all the highly developed communities is a challenge which is not being met. The majority of individuals are unaware of the dangers of a pattern of life, assumed in early adulthood and followed without change until the cataclysm strikes them. The causes remain unsolved, and the factors involved are probably multiple. However, one salient feature is apparent, and this is the simple one that early arterial disease is less evident in those who take regular physical exercise. Today with mechanisation of industry, the widespread use of motor vehicles, entertainments which require no physical participation, particularly the almost universal use of television together with an increase in the number of workers whose work is almost entirely sedentary, the proportion of people who have adequate exercise is declining.

It is therefore wise to establish the habit of being as physically active as possible starting after leaving school and continuing with suitable modification to the years. While at school the emphasis is on team games, and many children fail to continue their activity after leaving school. However, swimming, squash, golf, fishing, sailing, walking, dancing, horse riding and gardening are all activities that can be continued either alone or with small groups, and some of these suitably adapted may go on throughout life. The daily walk especially if demanded by a dog, thus ensuring its regularity, is specially recommended as this is an activity which can be pursued to old age. This, together with the need to exercise some moderation in the consumption of food, to watch against obesity and the endeavour to maintain a benign and tolerant attitude to life and labours may indeed help to avert an early onset of arterial degeneration.

A small decline of approximately 7% can be reported in deaths from road accidents and this is attributed to the breathalyzer test. In 1967 7,487 and in 1968 6,810 people died as a result of accidents on the roads compared with 7,985 in 1966. Since the beginning of the century, road accidents in Great Britain have caused over 300,000 deaths. Thus on an average day 20 people die as a result of such an accident, one road user being killed nearly every hour. Analysis by age has shown the 15 - 26 age group males predominating, and is most probably due to the temperamental failure of this age group. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars and helmets for motor cyclists, and driving with due consideration for the safety of other road users is stressed.

Confirmed figures regarding accidents in the home for 1968 have not yet been published but provisional figures indicate a general worsening of the situation. The following is a report on Home Accident Deaths in Great Britain in 1967 published in July, 1969 in the Home Safety Journal, a R.O.S.P.A. publication, given in detail.

The total number of accidental deaths in and around the home in Great Britain in 1967 was 7,909. There were 6,722 deaths in private homes and 1,187 in residential institutions. Thus there were 674 (or 7.9 per cent) fewer fatalities than in 1966. It was in fact the lowest total for ten years.

Home accident deaths constituted over 38 per cent of all accident fatalities in 1967, and accounted for 1.3 per cent of deaths due to all causes.

The annual totals of home accident fatalities in England and Wales and in Scotland for the ten years 1958-67 are given in the table below.

In England and Wales there was a reduction of 7.2 per cent compared with the previous year. In Scotland deaths decreased by 11.9 per cent.

Deaths	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales	7,001	7,010	7,030	6,882	7,627	8,024	7,370	7,330	7,470	6,929
Scotland	1,156	1,147	1,115	1,262	1,297	1,275	1,276	1,157	1,113	980
Total	8,157	8,157	8,145	8,144	8,924	9,299	8,646	8,487	8,583	7,909

The second table gives an analysis of the 1967 figures according to cause, age-group and sex. Death rates per 100,000 population are also given.

In the four main cause categories fatalities showed a reduction compared with 1966, although deaths due to 'other' causes increased. Deaths to children aged 5 - 14 numbered the same as before, and in the age-group 45 - 64 years there was a slight increase.

Cause of Death	Age-groups (years)					Sex		Total Deaths
	0 - 4	5 - 14	15 - 44	45 - 64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and Scalds	123	45	60	135	428	325	466	791
Suffocation and Choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1,128	5,155	2,923	4,986	7,909

Death rate *	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

* Deaths per 100,000 population.

Sixty-five per cent of the deaths in 1967 were in the age-group 65 and over. Eleven per cent of the total fatalities were to children under five years old.

The annual figures of home accident fatalities in Great Britain for the five years 1963 - 67, analysed according to cause, are given in the following table:-

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and Scalds	1,058	886	872	951	791
Suffocation and Choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9,299	8,646	8,467	8,583	7,909

Falls constitute the first and foremost cause of accident fatalities in and around the home, accounting for more deaths than all other causes together. The 1967 toll was 4,407, i.e. nearly 56 per cent of the total. About six out of ten of the deaths were due to falls on one level - tripping, slipping and stumbling. And more than a quarter of the fatalities were caused by falling from one level to another, e.g. down stairs, from ladders, etc. The remainder were due to unspecified falls. Nearly 89 per cent of the victims of falls were aged 65 years and over.

Poisoning is always the second most frequent cause of home accident deaths. In 1967 in Great Britain fatalities due to poisoning numbered 1,480, i.e. nearly 19 per cent of the total. Over 43 per cent of the accidents involved household gas, the toll being 642. In this category the majority of the victims were elderly. Deaths caused by other gases numbered 63. Poisoning fatalities due to solid and liquid substances totalled 775, the vast majority of these involving drugs.

The third major cause of accidental deaths in the home is burns and scalds. Such accidents claimed 791 victims in 1967, i.e. 10 per cent of the total. Under this general heading there are two main sub-categories. About nine out of ten of the victims died as a result of fire and explosion of combustible materials (burns due to clothing catching alight, by falling into the fire, conflagration etc.). The remaining fatalities were caused by hot substances, corrosive liquids and steam.

Suffocation and choking constitute the fourth main cause of fatal home accidents in Great Britain. There were 742 deaths under this heading in 1967, over nine per cent of the total. About two out of three of the fatalities were due to choking over food. The majority of the remaining deaths were caused by suffocating in beds, cots and cradles. Seventy one per cent of the victims of accidental suffocation and choking were babies and children under five years old.

Lastly, deaths due to other miscellaneous causes totalled 489 in 1967. In the case of drowning accidents there were 75 fatalities, and deaths due to electrocution numbered 70. Other causes included excessive cold (58 deaths), blows from falling objects, etc. (31), lack of care of infants under one year old (28), firearms (27) and foreign bodies in orifice (20).

Note: As in the previous analysis in this series, this analysis includes deaths in Scottish residential institutions (which numbered 97 in 1967 and 82 in 1966).

The figures in this analysis are taken from the Registrar General's Statistical Review of England and Wales for the Year 1967 (Part 1 - Medical Tables) and from the Annual Report of the Registrar General for Scotland, 1967 (No.133). RoSPA also produces separate statistical analyses of home accident deaths covering England and Wales only (which is extra detailed) and Scotland.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

LABORATORY SERVICE. The area is covered by the public health laboratory at Northampton which comes under Dr. Hoyle, and a laboratory at Kettering General Hospital with a branch at the Rushden Memorial Hospital, The Hayway, Rushden directed by Dr. Voss. The Public Health Laboratory at Northampton provides facilities for the routine examination of water and milk samples, washed bottle rinses, churn rinses, and the examination of ice-cream and ice lolly samples. Both laboratories provide facilities for the examination of the specimens in connection with the control of communicable diseases. The laboratories at the Hayway and Park Hospital, Wellingborough, serve the public by providing facilities for the examination of specimens for patients on the direction of their own family doctor.

AMBULANCE SERVICE, NURSING IN THE HOME AND HOME HELP. These services are provided by the County Council and the area is well covered. All three provide an excellent service to the community.

HOSPITAL ACCOMMODATION AND OUT-PATIENT FACILITIES. The Oxford Regional Hospital Board is respnsible for these services, a list of which is as follows:

General Hospitals - Northampton and Kettering
Wellingborough:

- Wellingborough Hospital - Gynaecological and children.
- Highfield Hospital - Acute medical and skin cases and children
- Park Hospital - Chronic sick, the aged and old persons in need of care and attention.
- Maternity Block attached to the Park Hospital

The Rushden Hospital - Tuberculosis and other diseases of the chest. Also beds available for skin cases.

Northampton:

- The Manfield Orthopaedic Hospital
- Infectious Diseases - Harborough Road Hospital

Out-patient facilities are available at the General Hospitals and also at the Rushden Memorial Hospital.

Gynaecological/Obstetrical	Alternate Monday mornings (except last Monday in month) Alternate Tuesday mornings 2nd, 4th and 5th Wednesday afternoons
Medical	2nd and 4th Monday afternoons Alternate Tuesday mornings 2nd and 4th Tuesday afternoons 1st, 3rd and 5th Friday mornings
Dietician	1st Tuesday mornings
Surgical	1st and 3rd Tuesday afternoons 2nd and 4th Friday mornings
E.N.T.	2nd and 4th Wednesday mornings 1st, 3rd and 5th Wednesday afternoons
Eyes	Every Thursday morning and Alternate Thursday afternoons (either hospital or school)
Orthoptist	Thursday mornings and afternoons
Physiotherapy	Monday afternoons Alternate Friday afternoons
Psychiatric	Thursday mornings
Skin	Thursday mornings
Paediatric	Wednesday mornings
Diabetic	1st Monday afternoon
Orthopaedic	1st and 3rd Friday afternoons

INFANT WELFARE CENTRES. This service is provided by the County Council and is held at the Brook St. Methodist Church on the first Friday of each month.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY. The area is supplied by the Nene and Ouse Water Board and the supply is satisfactory in both quantity and quality.

Sewerage and Sewage Disposal

The treatment of sewage during the year was not up to Royal Commission Standard but every attempt was made to reduce pollution to a minimum.

A scheme for a new sewage disposal works of the conventional type at the Raunds site is being prepared and sewerage from Stanwick will be pumped thereto and treated with that received from Raunds.

SECTION D

HOUSING

The building programme for the year was as follows:

No. of council houses completed during the year	-
No. of council flat completed during the year	-
No. of council houses under construction at the end of the year	2
No. of private houses completed during the year	77
No. of private houses under construction at the end of the year	80

SECTION E

INSPECTION AND SUPERVISION OF FOOD

There were 51 premises in the area concerned with the handling of food - these consisted of the following:-

Grocery	19
Greengrocery	11
Butchers	5
Cafe's	1
Public Houses	6
Licensed clubs	3
Premises preparing food	2
School canteens	1
Slaughter houses	3

These visited were found to be satisfactory.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

TUBERCULOSIS. There were no cases of tuberculosis notified during the year, therefore, the number of cases of tuberculosis on the register remained as follows:

	Male	Female	Total
Respiratory	2	2	4
Non-Respiratory	1	2	3
	3	4	7

Other notifiable diseases.

Measles	54
Erysipelas	1

The total number of infectious diseases notified during the year was 55 an increase of 50 on last year's figure.

MEASLES. There were 54 cases of measles during the year.

This highly infectious illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence with high numbers occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and this was available for general use during the course of the year. It is anticipated that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated.

WHOOPING COUGH. There were no cases during the year

Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however, in the majority of children who have received immunisation the illness is usually mild.

SCARLET FEVER. There were no cases during the year.

This disease continues to exhibit its mild phase. The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

POLIOMYELITIS. No cases occurred.

This freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

FOOD POISONING. There were no cases during the year.

The condition is usually caused by one of the Salmonella organisms of which there are a large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary

Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous probably uncooked contaminated (often imported) meat being today one of the most frequent.

SMALLPOX. There were no cases.

The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

DIPHTHERIA. There have been no cases of diphtheria in Northamptonshire since 1956.

There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease is kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

DYSENTERY. No cases of Dysentery were notified during the year.

INFECTIVE JAUNDICE. The Minister of Health gave sancion that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. There were no cases notified during the year.

Acute Infective Hepatitis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread, and with an incubation period of 15 - 50 days. The incriminative routes of infection are from food handlers, water and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood

transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattoing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work for six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment was generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

Under the Health Services and Public Health Act 1968, infective jaundice has now become nationally notifiable since October, 1969.

ERYSIPELAS. One case was notified during the year.

SECTION G

THE FACTORIES ACT

Prescribed Particulars on the Administration of the
Factories Act, 1961

PART 1 OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number of Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1,2,3.4 and 6 are to be enforced by Local Authorities	-	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	16	-	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total	16	-	-	-

2 - CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Total	-	-	-	-	-

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel	-	-	-	-	-	-
Stuffed toys	-	-	-	-	-	-
Total	-	-	-	-	-	-